

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09801968

FILING DATE

03-07-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13	1					
14	1					
15	1					
16		1				
17		1				
18		1				
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21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35	1					
36	1					
37	1					
38	1					
39		1				
40		1				
41		1				
42	1					
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54	1					
55	1					
56	1					
57		1				
58		1				
59		1				
60		1				
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96						
97						
98						
99						
100						
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	40	↓		↓		↓
TOTAL CLAIMS	60					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS